

STUDENT-FACULTY AGREEMENT

URBDP 600 INDEPENDENT STUDY/RESEARCH

Individual readings or study—including independent study in preparation for doctoral examinations—research, etcetera. *Program permission is required prior to enrolling in URBDP 600 Independent Study/Research.*

The URBDP 600 Independent Study/Research form is for grads—undergrads use URBDP 499 Special Projects Form.

Instructions:

- Fill out the top portion of the form
- Work with the Independent Study faculty supervisor to develop the program of study/research, determine the product of the study/research, the number of credits, the quarters in which the work will be undertaken, and whether it will be taken for credit/no credit or graded.
- Sign the form
- Independent Study faculty supervisor signs the form.

MUP or other master’s students: submit the signed form to Diana Siembor in 410 Gould Hall, who will facilitate the review and signature by the MUP Program Director or Department Chair.

UDP PhD Students: submit the signed form to your GPC for signature and review; then submit to Julia Feyk.

Upon final approval from the MUP Program Director, Department Chair, or PhD GPC, program staff will email an add code to the student. Students register for URBDP 600 Independent Study credits with the add code provided; registration is not done by staff.

STUDENT NAME _____

DATE WORK TO BEGIN _____ DATE WORK TO BE CONCLUDED _____

PROPOSED PROGRAM OF STUDY OR RESEARCH (attach additional pages if necessary):

PRODUCT OF STUDY/RESEARCH:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Paper of publishable quality | <input type="checkbox"/> Bibliography |
| <input type="checkbox"/> Research paper | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Presentation | |

TOTAL CREDITS OF URBDP 600 EARNED TO DATE _____ (12 Maximum Allowed for MUP Students)

PROPOSED NUMBER OF CREDITS _____ **FOR** _____ **QUARTER, 20** _____

- CR/NC** or
- GRADED** (grade will show on transcript but is not included in GPA calculation)

I agree to conduct this Independent Study project in accordance with arrangements outlined above and under the supervision of the faculty member indicated.

Signature of Student Date

FACULTY SUPERVISOR _____

I agree to supervise this Independent Study project and have made preliminary arrangements with the student for its being carried out in the terms of the program statement and time frame above.

Signature of Faculty Supervisor Date

- APPROVED**
- NOT APPROVED**

MUP Program Director, Department Chair, or GPC Date